Entered - 4-17-01 - sb CL 01L0234 - GWENDOLYN BURNS

CLAIM OF:

KATHERINE CLARKE

463 Blake Avenue, SE Atlanta, Georgia 30316

01- _R-1399

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For property damages alleged to have been sustained as a result of a sanitary sewer back up on October 20, 2000 at 463 Blake Avenue, SE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to KATHERINE CLARK the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for property damages alleged to have been sustained as a result of a sanitary sewer back up on October 20, 2000 at 463 Blake Avenue, SE as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

C-17

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0234	-	Date: _August 26, 2001			
Claimant Wintim	rijedine ci adi				
Claimant /Victim KA	THERINE CLARK	NE .			
BY: (Atty) (Ins. Co.)					
Address: 463 Blake Avenue, SI					
Subrogation:Claim is	or Property damage	\$ 2,500.00 Bodily Injury \$			
Date of Notice: 4/16/01	Method	d: Written, Proper X Improper			
Conforms to Notice: U.C.G.A. §	30-33-3	X Ante Litem (6 Mo.) X			
Date of Occurrence 10/20/06)	Place: _463 Blake Avenue, SE Sewer Operations			
Department PUBLIC WORKS	Division_	Sewer Operations			
Employee involved		Disciplinary Action:			
		sustained damages to her residence from a sanitary sewer back up. An of said sewer problem at this location, but failed to correct it. (See Claim			
INVESTIGATION:					
Statements: City employee	Claimant _	OthersWritten Oral			
Pictures Diagrams _	Reports: 1	Others Written Oral Police Dept Report Other X			
Traffic citations issued: City Dri	ver	Claimant Driver			
Citation disposition: City Drive	r	Claimant DriverClaimant Driver			
BASIS OF RECOMMENDAT					
Function: Governmental	x	Ministerial			
Improper Notice M	ore than Six Month	s Other Damages reasonable rejected Compromise settlement X			
City not involved	Offer	rejected Compromise settlement X			
Repair/replacement by Ins. Co.		Renair/replacement by City Forces			
Claimant Negligent	City Negligent	Repair/replacement by City Forces X Joint Claim Abandoned			
	0,				
	•	Respectfully submitted,			
		Mulaclelya Brun INVESTIGATOR - GWENDOLYN BURNS			
RECOMMENDATION:	1				
Pour 1 000 00	A 2 / 1	A			
Pay \$ 1.000.00/	Adverse	Account charged: 1A01 2J01 X 2H01 2H01			
Claims Manager:	anusu	Concur/date 08-30-01			
Committee Action:		Council Action			
FORM 23-61					
LOWN 73-01 ~					

RE: CLAIM FOR DAMAGES

COUNCIL OF THE CITY OF ATLANTA

Today's Date: 10 - 20 - 00

MUNICIPAL CLERK City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Atlanta, Georgia 30335	•	3	•	•	
Dear Municipal Clerk:	(ENTERED - 4-17- 01L0234 - GWEN	BURNS /	0 8	
This is to notify the City of Atlanta that I and/or \$bodily	injury for which I cond	and mo only to imore.			property
(month/day/	2. Time		•		No 863/
4. Location of incident (including street	address): 463	Blake H	76. 5.C.	ATIZNTA	Sign of
5. Name of your insurance company: 6. State what and how incident occurred	1: Df was	a Bad R	dig Ro	<u> </u>	 :
Jost Hans K. Shoses 2 pain 1. ALL ESTIMATES AND BAMAG. RESULT IN YOUR CLAIM BEIN The registered owner must make the proof of ownership of your vehicle (control of the control of the c	Jock Shose Shos	Spaces, Spaces Coat of the Coa	X MAG. THE MAKING OF	F FALSE CLAIM TION!	is WILL
Your vehicle:(Make)	(Year)	(Tag Number)	(Driver's	Name)	
City vehicle:(Make)	(City Driver's	: Name)	(Departm	nent/Bureau)	
9. Witness:(Name)	(Address)		(Telepho	ne Number)	
10. The acknowledgment of this clair State law, nor is it an admission of li	n in no way waives ability on behalf of the	the Sovereign immu City of Atlanta and/or	inity of the City its employee(s).	of Atlanta, as gr	arited by
11. This claim should be mailed imme	diately to the address s	thown above.		•	
I HEREBY SWEAR OR AFFIRM T INFORMATION IS TRUE AND CO	HAT THE ABOVE DRRECT.	Kether	(Print Claimant'	s Name)	
o: Claiment		463	Blake C	\(\frac{\pi_1}{\pi_2}\)	
Signature of Claimant .		H63 Otlan	(Addres ta La (City, State and Z	30316	

GENERAL RELEASE AND INDEMNIFICATION

(.)

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CLAIM NUMBER 01L0234	\$	1,000.00	
IN CONSIDERATION of the sum of ON paid by the CITY OF ATLANTA, the future receivers, executors, administrators, and assigns, refrom any and all claims, demands, actions, cause or nature for or on account of anything that has property damage incident - sewer back up October , 2000, at or near 463 Bl	eipt of which is hereby acknown and forever discharge as of action, suits, damages, s heretofore occurred, and which oc	nowledged, I do her e said City, its offic , loss and expenses, particularly for or	ers and employees, of whatsoever kind on account ofa
It is further understood and agreed that it admission on the part of the City, its officers, a undersigned further covenants and agrees to ind servants and employees, from any and all claim agents, servants and employees, may be called the	gents, servants or employe emnify and hold harmless ns, damages or costs which	es, of any liability the City of Atlanta, h the said City of A	whatsoever and the its officers, agents, Atlanta, its officers,
And I now state that the only consideration of the sum stated above; that no other promise of said City or its agents to cause me to sign this rinstrument. WITNESS my hand and seal this	r agreement of any kind or	nature has been ma lerstand the meanin	de to or with me by
	Katherine Clarke	Flacke	(LS)
The above release was read and explain presence on the date above written.	ded to, and signed by the sa	0	Clarke in our
		WITNESSES	